

PTO/SB/21 (09-04)

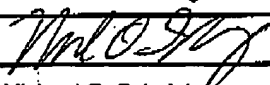
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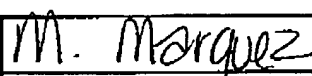
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/706,304	<b>RECEIVED CENTRAL FAX CENTER NOV 10 2005</b>
	Filing Date	11/12/2003	
	First Named Inventor	Janet Teshima	
	Art Unit	2857	
	Examiner Name	Carol S. W. Tsai	
Total Number of Pages in This Submission		Attorney Docket Number	F107

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Michael Scheinberg Law Firm		
Signature			
Printed name	Michael O. Scheinberg		
Date	11/10/2005	Reg. No.	36,919

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Margarita Marquez-Escalona	Date

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004,  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

## Complete if Known

Application Number	10/706,304
Filing Date	11/12/2003
First Named Inventor	Janet Teshima
Examiner Name	Carol S. W. Tsai
Art Unit	2857
Attorney Docket No.	F107

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NOV 10 2005

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

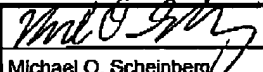
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Surcharge

Fees Paid (\$)

180.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,919	Telephone (512) 328-9510
Name (Print/Type)	Michael O. Scheinberg	Date November 10, 2005	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/706,304
		Filing Date	11/12/2003
		First Named Inventor	Janet Teshima
		Examiner Name	Carol S. W. Tsai
		Art Unit	2857
		Attorney Docket No.	F107
TOTAL AMOUNT OF PAYMENT (\$)		180.00	

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

50

Each independent claim over 3 (including Reissues)

200

Multiple dependent claims

360

 Total Claims      Extra Claims      Fee (\$)  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

## Multiple Dependent Claims

Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

 Indep. Claims      Extra Claims      Fee (\$)  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

 Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)  
 - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

Fees Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Surcharge

180.00

## SUBMITTED BY

 Signature Michael O. Scheinberg  
 Name (Print/Type) Michael O. Scheinberg

 Registration No. 36,919  
 (Attorney/Agent)

Telephone (512) 328-9510

Date November 10, 2005

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Application Number	10/706,304
Filing Date	11/12/2003
First Named Inventor	Janet Teshima
Art Unit	2857
Examiner Name	Carol S. W. Tsai
Attorney Docket Number	F107

[illegible]

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>2</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (# known)	MM-DD-YYYY			
	A	JP3383574	12/20/2002			
	B	JP3709886	08/19/2005			
	C	JP3677968	05/20/2005			
	D					
	E					
	F					

**Examiner  
Signature**

Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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Attorney Docket No.: F107

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.: 10/706,304

ART UNIT: 2857

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APPLICANT(S): Janet Teshima, Daniel E. Partin and James E. Hudson

NOV 10 2005

FILING DATE: 11/12/2003

EXAMINER: Carol S. W. Tsai

TITLE: Defect Analyzer

**INFORMATION DISCLOSURE STATEMENT**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Pursuant to the guidelines for Information Disclosure Statements, 37 C.F.R. §§ 1.97-1.98, attached hereto is Form PTO/SB/08A (one sheet) with references listed for consideration by the Office.

In accordance with 37 C.F.R. §§ 1.97(g)-(h), the filing of this Information Disclosure Statement shall not be construed as a representation that a search has been made or an admission that the information cited in the statement is, or is considered to be, material to patentability as defined in 37 C.F.R. § 1.56(b).

This Information Disclosure Statement is being filed after the mailing of a first Office

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01 FC:1806 180.00 0POn: November 10, 2005  
By: M. Marquez  
Name: Margarita Marquez-Escalona  
Telephone: (512) 328-9510**BEST AVAILABLE COPY**

Attorney Docket No.: F107

action and before the mailing date of any final action under §1.113, a Notice of Allowance under §1.311, or an action that otherwise closes prosecution in the application, and is accompanied by the fee set forth in §1.17 (p).

Respectfully submitted,

Date: November 10, 2005

By: 

Michael O. Scheinberg  
Patent Reg. 36,919  
P.O. Box 164140  
Austin, Texas 78716-4140  
Telephone: (512) 328-9510  
Facsimile: (512) 306-1963